## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10765095

CLAIMS AS FILED - PART I  (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							lı	RATE	FEE	<b>7</b>	RATE	FEE
FOR			NUMBER FILED		NUMB	MBER EXTRA		BASIC FEE	<del> </del>	OR		770.00
TOTAL CHARGEABLE CLAIMS			77 minus 20= *			7		X\$ 9=		OR	X\$18=	176
IN	DEPENDENT C	LAIMS	7 minus 3 = *			7		X43=	·	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	<u> </u>	OR	TOTAL	THE
CLAIMS AS AMENDED - PART II								CMALL	ENTITY	<b>-</b>	OTHER	
	ı	(Column 1)	· · · · · ·	(Columi		(Column 3)	1 -	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		·X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	***	CL AIM			X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	•	OR	+290=	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Column	າ 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									····		
								+145=		OR	+290=	
				•			ΑI	TOTAL DDIT. FEE	·	OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=			X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-			OR		
* If	the entry in colur	nn 1 is lose than the	entry in colum	nn O weeka PA	*in ook	ıma 2	Ŀ	+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
T	he Highest Num	mber Previously Paid ber Previously Paid	io For IN THIS For (Total or	SPACE is le Independent)	ss than is the h	3, enter "3." nighest number			opriat box			